

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2008  
Secretary of State**

DOCUMENT# N96000002413

Entity Name: SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.

**Current Principal Place of Business:**

2701 RIDGEWOOD AVE.  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

2701 RIDGEWOOD AVE  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 59-3394585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOMER, DON C  
106 FOXRIDGE RUN  
LONGWOOD, FL 32750      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: AUSTIN, PATRICK  
Address: 302 TAMMY DR  
City-St-Zip: SANFORD, FL 32771

Title: TD      ( ) Delete  
Name: SCHOMER, DON C  
Address: 106 FOXRIDGE RUN  
City-St-Zip: LONGWOOD, FL 32750

Title: VP1D      ( ) Delete  
Name: PAVGOUZAS, DIANA  
Address: 537 PICKFAIR TER  
City-St-Zip: LAKE MARY, FL 32746

Title: SD      ( ) Delete  
Name: DE VIERE, MELINDA  
Address: 339 BAYMOOR WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: VP2D      ( ) Delete  
Name: WILKS, LAURA  
Address: 433 OLD WESTERN TRL  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON C SCHOMER

TD

02/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date